
State:	Arkansas	Filing Company:	American Family Life Assurance Company of Columbus
TOI/Sub-TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010		
Product Name:	A19MS75AR		
Project Name/Number:	/		

Filing at a Glance

Company:	American Family Life Assurance Company of Columbus
Product Name:	A19MS75AR
State:	Arkansas
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010
Sub-TOI:	MS08I.012 Multi-Plan 2010
Filing Type:	Advertisement
Date Submitted:	09/21/2012
SERFF Tr Num:	AFLA-128696788
SERFF Status:	Closed-Filed-Closed
State Tr Num:	
State Status:	Filed-Closed
Co Tr Num:	A19MS75AR
Implementation	On Approval
Date Requested:	
Author(s):	Joni Gilbert, Chad Oyster
Reviewer(s):	Stephanie Fowler (primary)
Disposition Date:	09/24/2012
Disposition Status:	Filed-Closed
Implementation Date:	

State Filing Description:

State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: A19MS75AR
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Our state of domicile, Nebraska, approved a NE version of this on 8/1/2012.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 09/24/2012
State Status Changed: 09/24/2012
Deemer Date: Created By: Joni Gilbert
Submitted By: Joni Gilbert Corresponding Filing Tracking Number:
Filing Description:
Please see attached cover letter.

Company and Contact

Filing Contact Information

Joni Gilbert, jgilbert@aflac.com
1932 Wynnton Road 706-321-0826 [Phone]
Columbus, GA 31999 706-660-7080 [FAX]

Filing Company Information

American Family Life Assurance CoCode: 60380 State of Domicile: Nebraska
Company of Columbus Group Code: 370 Company Type: Life and
1932 Wynnton Road Group Name: Health
Columbus, GA 31999 FEIN Number: 58-0663085 State ID Number:
(706) 323-3431 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Advertising filing fee, as requested.
Per Company: No

Company	Amount	Date Processed	Transaction #
American Family Life Assurance Company of Columbus	\$50.00	09/21/2012	62933416

SERFF Tracking #:	AFLA-128696788	State Tracking #:		Company Tracking #:	A19MS75AR
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	09/24/2012	09/24/2012

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Disposition

Disposition Date: 09/24/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter	Filed-Closed	Yes
Form	AD	Filed-Closed	Yes

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Form Schedule

Lead Form Number: A19MS75AR							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Filed-Closed 09/24/2012	A19MS75AR	ADV	AD	Initial:		A19MS75AR 0912 (filing).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

AFLAC MEDICARE SUPPLEMENT

You lead a strong, active, healthy life ...

*Make sure a gap in your Medicare coverage
doesn't slow you down.*



We've got you under our wing.®

AFLAC MEDICARE SUPPLEMENT INSURANCE

Policies A19MSARAR, A19MSCRAR, A19MSDRAR,
A19MSFRAR, A19MSGRAR, and A19MSNRAR

MSI

Aflac helps remove some of the guesswork about health care costs during your retirement.

Like most people, you've probably given some serious thought to planning for your retirement. And without a doubt, you have in mind some pretty specific ways of spending your time when you do retire. Whether it's turning a hobby into a business or traveling the world, a wide-open road of possibilities lies ahead of you.

At Aflac, we want to make sure you have the right amount of health care coverage to keep you moving according to plan. That's where the **Aflac Medicare supplement insurance plans** step in.



Aflac policies strengthen your overall coverage because they've been created to help pay for medical expenses not covered by Medicare, such as deductibles, copayments, and noncovered services.

With Aflac Medicare supplement insurance plans, you not only enhance your coverage, but you can also see any doctor who accepts Medicare—wherever and whenever you want.

We know you've spent a lot of time thinking about the future. We're here to help make sure your plans stay on track.

Not connected with or endorsed by the U.S. government or the federal Medicare program.

Aflac herein means American Family Life Assurance Company of Columbus.

This is a solicitation of insurance and an agent may contact you.

UNDERSTANDING THE FACTS CAN HELP YOU UNDERSTAND WHY AFLAC MEDICARE SUPPLEMENT INSURANCE POLICIES MAKE SENSE FOR YOU.

AFLAC IS A FORTUNE 500
COMPANY
RATED

A+

(SUPERIOR) BY A.M. BEST.¹

RECOGNIZED IN 2012
BY *ETHISPHERE*
MAGAZINE AS

1

OF THE WORLD'S MOST ETHICAL
COMPANIES FOR THE SIXTH YEAR.²

AFLAC
HAS
NEARLY

60

YEARS OF PROVIDING A STRONG AND
LASTING SAFETY NET FOR FAMILIES.

MORE THAN

50

MILLION PEOPLE WORLDWIDE
ARE INSURED BY AFLAC.³

¹ Aflac's A+ (Superior) rating for financial strength was affirmed by A.M. Best on May 27, 2011. The A+ rating is the second highest (of 16 levels) given by A.M. Best with the highest being A++ (Superior).

² "World's Most Ethical Companies," *Ethisphere* magazine, Q1 2012 (quarterly).

³ Aflac annual report: 2011 *Year in Review*.

Choose the Medicare supplement plan that's right for you.¹

	MEDICARE PAYS	MEDICARE SUPPLEMENT PLANS PAY	PLAN A	PLAN C	PLAN D	PLAN F	PLAN G	PLAN N
PART A: INPATIENT HOSPITAL CARE								
First 60 days	All but [\$1,156]	[\$1,156] Part A deductible		✓	✓	✓	✓	✓
Coinsurance 61–90 days	All but [\$289] a day	[\$289] a day	✓	✓	✓	✓	✓	✓
Coinsurance 91–150 days	All but [\$578] a day	[\$578] a day	✓	✓	✓	✓	✓	✓
After day 150 up to an additional 365 days in your lifetime	Nothing	100% of eligible expenses	✓	✓	✓	✓	✓	✓
Blood benefit	All but first 3 pints	First 3 pints	✓	✓	✓	✓	✓	✓
SKILLED NURSING FACILITY CARE								
First 20 days	100%	Nothing						
Coinsurance 21–100 days	All but [\$144.50] a day	Up to [\$144.50] a day		✓	✓	✓	✓	✓
PART B: PHYSICIAN SERVICES AND SUPPLIES								
Yearly deductible	Nothing	[\$140]		✓		✓		
Coinsurance	Generally 80%	Generally 20%	✓	✓	✓	✓	✓	✓ ²
Blood benefit	All but first 3 pints	First 3 pints	✓	✓	✓	✓	✓	✓
Excess benefits	Nothing	100% of eligible expenses				✓	✓	
OTHER BENEFITS								
Emergency care outside the U.S.	Nothing	80% of eligible expenses up to a lifetime maximum of [\$50,000] after a [\$250] yearly deductible		✓	✓	✓	✓	✓
Hospice benefits	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	✓	✓	✓	✓	✓	✓

¹Some plans may not be available in your state.

²Plan N pays the balance of the Part B coinsurance except for up to a [\$20] copayment per office visit and up to a [\$50] copayment per emergency room visit.

EXCLUSIONS

We will not pay benefits for:

- Expenses incurred while the policy is not in force, except as provided in the Extension of Benefits section;
- Hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A benefit period that begins while the policy is not in force;
- That portion of any expense incurred that is paid for by Medicare;
- Services for non-Medicare-Eligible Expenses, unless specifically covered in the policy, including but not limited to routine exams, take-home drugs, and eye refractions;
- Services for which a charge is not normally made in the absence of insurance;
- Loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

TERMS YOU NEED TO KNOW

Coinsurance Amount means the part of Medicare-Eligible Expenses you have to pay. It does not include Part A or Part B deductible amounts.

Guaranteed-Renewable means that the policy is guaranteed-renewable as long as you live, provided you continue to pay premiums when due. Aflac reserves the right to change premiums, but only on an entire class of policies.

Hospital means a Hospital that is approved, or eligible to be approved, to receive payments from Medicare and that is accredited by the Joint Commission on Accreditation of Hospitals.

Injury means a bodily Injury that is the direct result of an accident and independent of all other causes.

Medically Necessary means a service or supply that is recognized by Medicare as necessary to diagnose or treat an Injury or Sickness and is: (1) prescribed by a Physician; (2) consistent with the diagnosis and treatment of the Injury or Sickness; (3) in accordance with generally accepted standards or medical practice; and (4) not solely for the convenience of you or the Physician.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965, as then constituted or later amended.

Medicare-Eligible Expenses means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and Medically Necessary by Medicare.

Medicare Part A Initial Deductible means the fixed amount Medicare does not pay during the first 60 days of Hospital confinement in a benefit period. This amount is set each year by Medicare. Medicare does not pay this amount.

Medicare Part B Deductible means the fixed amount you must pay each calendar year before Medicare starts paying Part B expenses. This amount is set each year by Medicare. Medicare does not pay this amount. A calendar year begins on January 1 and ends on December 31.

Physician means any practitioner of the healing arts acting within the scope of his/her license. It does not include you or any member of your immediate family.

Policy Effective Date means the effective date of the policy and is shown in the Policy Schedule. The Policy Effective Date is not the date you signed the application for coverage.

Sickness means illness or disease that first manifests itself after the Policy Effective Date and while the policy is in force.

Skilled Nursing Facility means an institution licensed as such by the state in which it is located and operated within the scope and intent of its license. It does not include a facility or any of its sections that is primarily a place for drug addicts, alcoholics, or persons suffering from mental disease.

**We've got you
under our wing.®**

aflac.com || **1.855.207.2078**

This brochure is for illustrative purposes only and is not a contract.
Consult the policy for a complete description of benefits, definitions,
limitations, and exclusions.

Underwritten by:

American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Filed-Closed	09/24/2012
Comments:	Please see attached letter.		
Attachment(s):			
Med Supp - AR DOI Filing Letter 2012.pdf			



Liza M. Welch
Director, Regulatory Advertising
Compliance Department

September 21, 2012

Rosalind Minor
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

RE: Brochure **A19MS75AR**
NAIC Number **60380**

Dear Ms. Minor:

Attached to this filing is the advertising form listed above for your approval and the required certification form. This filing is considered an invitation to inquire.

The above-referenced brochure will be used to solicit the following Medicare Supplement policies: A19MSARAR, A19MSCRAR, A19MSDRAR, A19MSFRAR, A19MSGRAR, and A19MSNRAR (approved by your department on August 21, 2012) and will include the following forms (in the most recent versions approved by your department for use in AR): Application Form A19MS1RAR, Outline of Coverage ACOCRAR, Authorization to Obtain Information A90063R13, Authorization to Disclose Information A90078R13, Replacement Notice A19MS15 and Statement of Understanding form A-13072-1. These point-of-sale forms are all approved forms for use in Arkansas by your department.

This submission was prepared by Joni Gilbert. Should you have any questions or comments concerning this submission, please do not hesitate to call her collect at 706.321.0826, fax her at 706.660.7080, or e-mail her at jgilbert@aflac.com.

Sincerely,

Liza M. Welch

JJDG:jjdg
Attachments